

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Endo Surgical Center of North Jersey	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	22-3232300	
4. Debtor's address	Principal place of business 999 Clifton Avenue Clifton, NJ 07013 Number, Street, City, State & ZIP Code Passaic County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Endo Surgical Center of North Jersey**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? *Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Endo Surgical Center of North Jersey**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Endo Surgical Center of North Jersey**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 13, 2018**
MM / DD / YYYY**X /s/ William Focazio, M.D.**

Signature of authorized representative of debtor

William Focazio, M.D.

Printed name

Title **President****18. Signature of attorney****X /s/ Anthony Sodono, III**

Signature of attorney for debtor

Date **January 13, 2018**

MM / DD / YYYY

Anthony Sodono, III

Printed name

Trenk, DiPasquale, Della Fera & Sodono, P.C.

Firm name

**347 Mount Pleasant Avenue
Suite 300
West Orange, NJ 07052**

Number, Street, City, State & ZIP Code

Contact phone **973-243-8600**Email address **asodono@trenklawfirm.com****007631990**

Bar number and State

Debtor Endo Surgical Center of North Jersey Case number (if known) _____
Name

Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
DISTRICT OF NEW JERSEY	
Case number (if known)	Chapter <u>11</u>

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	<u>Fenner Avenue LLC</u>	Relationship to you	<u>Affiliate</u>
District	<u>District of New Jersey</u>	When <u>1/13/18</u>	Case number, if known <u>18-</u>
Debtor	<u>William Focazio, MD, PA</u>	Relationship to you	<u>Affiliate</u>
District	<u>District of New Jersey</u>	When <u>1/13/18</u>	Case number, if known <u>18-10752</u>

ENDO SURGICAL CENTER OF NORTH JERSEY, P.C.**UNANIMOUS CONSENT OF MEMBER IN LIEU OF SPECIAL MEETING**

The undersigned, being the president of Endo Surgical Center of North Jersey, P.C. (the "Company"), a New Jersey professional corporation, does hereby certify that, on January 13, 2018, the following resolutions were duly adopted and approved by the member of the Company and recorded in the minute book of the Company, and they have not been modified or rescinded and are still in full force and effect on the date hereof

RESOLVED, that in the judgment of the undersigned, it is desirable and in the best interests of the Company, its creditors and employees and other interested parties to file a voluntary petition for relief under the provisions of chapter 11 of title 11, United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of New Jersey; and it is

FURTHER RESOLVED, that the Managing Member of the Company is hereby authorized and empowered to execute on behalf of, and in the name of, the Company a voluntary petition for relief under chapter 11 of the Bankruptcy Code and to cause appropriate documents to be filed in the United States Bankruptcy Court for the District of New Jersey, and any affidavits, forms, schedules, lists, applications or any other pleadings or documents which are necessary or appropriate to file the voluntary petition; and it is

FURTHER RESOLVED, that the appropriate officers of the Company be, and they hereby are, authorized and empowered to execute on behalf of, and in the name of, the Company any and all plans of reorganization under chapter 11 of the Bankruptcy Code, including any and all modifications, supplements, and amendments thereto, and to cause the same to be filed in the United States Bankruptcy Court for the District of New Jersey at such time as said authorized officer executing the same shall determine; and it is

FURTHER RESOLVED, that in connection with the commencement of the chapter 11 case by the Company, the appropriate officers of the Company be and hereby are, authorized and empowered on behalf of, and in the name of, the Company to execute and file all first-day pleadings and related documents on such terms and conditions as such officer or officers executing the same may consider necessary, proper or desirable, such determination to be conclusively evidenced by such execution or the taking of such action, and to consummate the transactions contemplated by such agreements or instruments on behalf of the Company; and it is

FURTHER RESOLVED, that the law firm of Trenk DiPasquale Della Fera & Sodono, P.C. is hereby employed as reorganization counsel for the Company upon such terms and conditions as the officers shall approve, to render legal services to, and to represent, the Company in connection with the chapter 11 case, subject to Bankruptcy Court approval; and it is

FURTHER RESOLVED, that the appropriate officers of the Company are hereby authorized to employ and retain on behalf of the Company such other professionals as they deem necessary or appropriate upon such terms and conditions as the officers shall approve, to provide services to the Company as may be requested by the officers of the Company in

connection with the chapter 11 case and with respect to other related matters, with a view to the successful prosecution of such case; and it is

FURTHER RESOLVED, that the appropriate officers of the Company are authorized and empowered to prepare and file with the Securities and Exchange Commission such documents and instruments as may be necessary or desirable in connection with the chapter 11 case; and it is

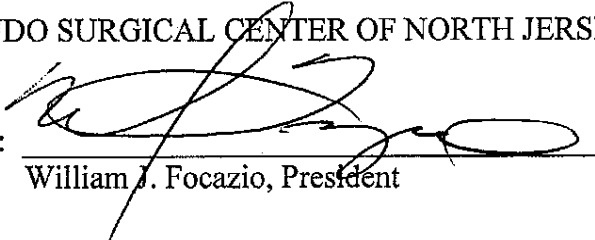
FURTHER RESOLVED, that the appropriate officers of the Company are authorized and directed to take any and all further action, and to execute and deliver in the name of and on behalf of the Company any and all such other and further instruments and documents and to pay all such expenses (subject to Bankruptcy Court approval), where necessary or appropriate in order to carry out fully the intent and accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED, that all acts lawfully done or actions lawfully taken by officers or directors of the Company to file the voluntary petition for relief under chapter 11 of the Bankruptcy Code or in any other connection with the chapter 11 case of the Company, or any matter related thereto, or by virtue of these resolutions be, and hereby are, in all respects ratified, confirmed and approved.

IN WITNESS THEREOF, I hereto set my hand this 13th day of January, 2018.

ENDO SURGICAL CENTER OF NORTH JERSEY, P.C.

By:


William J. Focazio, President

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

X /s/ William Focazio, M.D.

Signature of individual signing on behalf of debtor

William Focazio, M.D.

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Endo Surgical Center of North Jersey**
 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
DVCO 999 Clifton Avenue Clifton, NJ 07013		Unpaid Rent	Contingent Unliquidated Disputed			\$720,000.00
Nw Jersey, Treasurer 50 Barrack Street Trenton, NJ 08608		Taxes				\$452,035.56
Lawrence J. Thomson, Ct Appt Rent Receiv c/o Eva K. Carey, Esq. Windels Marx Lane & Mittendorf LLP 120 Albany Street Plaza New Brunswick, NJ 08901		Lawsuit for Rent	Contingent Unliquidated Disputed			\$400,514.71
Fulton Bank c/o Archer & Greiner Three Logan Square 1717 Arch Street, Suite 3500 Philadelphia, PA 19103		Judgment				\$255,190.32
Mindray DS USA Inc. 800 MacArthur Blvd Mahwah, NJ 07430						\$162,100.61

Debtor **Endo Surgical Center of North Jersey**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Everbank Commerical Finance Inc. c/o Mark E. Thompson, Esq. Law Offices of Thomas A Buonocore PC 1719 Route 10, Suite 301 Parsippany, NJ 07054		Judgment				\$149,780.03
Leaf Financial 68 S Service Road Melville, NY 11747						\$146,036.06
New Logic 1295 67th Street Emeryville, CA 94608						\$132,436.50
Can Capital c/o Vital Recovery Services LLC PO Box 923747 Norcross, GA 30010		Judgment				\$115,072.88
Yellowstone Capital 1 Evertrust Plaza Jersey City, NJ 07302						\$112,425.17
Boston Scientific Corporation 300 Boston Scientific Way Marlborough, MA 01752		Lawsuit				\$89,609.75
Henry Schein c/o Heitner & Breitstein PC 26 Court Street #304 Brooklyn, NY 11242		Lawsuit				\$88,000.00
Cole Schotz 25 Main Street Hackensack, NJ 07601						\$76,820.58
Covidien Safes LLC 480 Washington Blvd Jersey City, NJ 07310						\$72,648.04

Debtor **Endo Surgical Center of North Jersey**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Montclair Anesthesia Associates PC c/o Christopher Hilboki, Esq 1 University Plaza Dr Hackensack, NJ 07601		Lawsuit				\$62,090.00
McKesson Medical-Surgical 9954 Mayland Drive Henrico, VA 23233						\$41,430.07
Reshape Medical Inc 236 Avenida Fabricante Suite 201 San Clemente, CA 92672-5202						\$39,150.80
GE Healthcare 618 Wall Street Ridgewood, NJ 07450						\$36,143.15
Medline Industries Inc 30 Gernmantown Road #2 Danbury, CT 06810		Judgment				\$35,294.92
Lakeland Bank 9 Polifly Road Hackensack, NJ 07601						\$32,740.73

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>1,170,680.54</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,170,680.54</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>12,265,896.04</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>452,035.56</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>3,772,736.72</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>16,490,668.32</u>

Fill in this information to identify the case:Debtor name Endo Surgical Center of North JerseyUnited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase BankBusiness Checking2898\$4,734.003.2. Bank of AmericaBusiness Checking3015\$3,803.543.3. Valley National BankBusiness Checking3390\$643.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$9,180.54**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor Endo Surgical Center of North Jersey Case number (If known) _____
Name

☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 1,100,000.00 - 0.00 =.... \$1,100,000.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,100,000.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies To Be Provided		Unknown		Unknown

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Debtor Endo Surgical Center of North Jersey Case number (If known) _____
Name

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture To Be Provided	Unknown		Unknown
40.	Office fixtures To Be Provided	Unknown		Unknown
41.	Office equipment, including all computer equipment and communication systems equipment and software 4 Desktop Computers and 8 Laptops	\$0.00		\$1,500.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$1,500.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	Mercedes Benz R350	\$0.00		\$15,000.00
47.2.	Mercedes Benz R350	\$0.00		\$15,000.00
47.3.	Range Rover	\$0.00		\$30,000.00

Debtor Endo Surgical Center of North Jersey Case number (If known) _____

Name

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

To Be Provided

Unknown

Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$60,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Endo Surgical Center of North Jersey Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$9,180.54	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,100,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,500.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$60,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,170,680.54	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,170,680.54

☐ Check if this is an amended filing

12/15

☒ Yes. Fill in all of the information below.

Value of collateral that supports this claim

\$30,000.00

Range Rover

Describe the lien

Automobile Loan

Is the creditor an insider or related party?

☐ No☐ Yes

Is anyone else liable on this claim?

☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
1627

Do multiple creditors have an interest in the same property?

☐ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Unknown

Blanket Lien

Describe the lien

Judgment Lien

Is the creditor an insider or related party?

☐ No☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor Endo Surgical Center of North Jersey Case number (if know) _____
Name

- ☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$12,265,896.
04

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:

Debtor name **Endo Surgical Center of North Jersey**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address New Jersey Dept. Labor & Workforce Devel Div. of Unemployment & Disability Ins. Bankruptcy Unit 1 John Fitch Plaza, PO Box 951 Trenton, NJ 08611-0951	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Endo Surgical Center of North Jersey Name	Case number (if known)
2.3	Priority creditor's name and mailing address New Jersey Dept. of Labor Division of Employer Accounts 1 John Fitch Plaza PO Box 379 Trenton, NJ 08611-0379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Unknown \$0.00
2.4	Priority creditor's name and mailing address New Jersey, Division of Taxation Compliance & Enforcement - Bankruptcy 50 Barrack Street, 9th Fl. PO Box 245 Trenton, NJ 08695-0267	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Payroll Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Unknown Unknown
2.5	Priority creditor's name and mailing address Nw Jersey, Treasurer 50 Barrack Street Trenton, NJ 08608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	\$452,035.56 \$452,035.56

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Amount of claim</div>
3.1	Nonpriority creditor's name and mailing address Ability Network Inc 100 North 6th Street Suite 900A Minneapolis, MN 55403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date(s) debt was incurred ____ Last 4 digits of account number ____	\$1,200.00
3.2	Nonpriority creditor's name and mailing address Advanced Collection Inc. PO Box 6031 Clifton, NJ 07015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date(s) debt was incurred ____ Last 4 digits of account number ____	\$691.45

Debtor **Endo Surgical Center of North Jersey** Case number (if known) _____
Name

3.3	Nonpriority creditor's name and mailing address AGL Inhalation Therapy Co 600 US 46 Clifton, NJ 07013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$691.45
3.4	Nonpriority creditor's name and mailing address All Security Locksmiths LLC 842 Clifton Avenue Suite 3 Clifton, NJ 07013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.75
3.5	Nonpriority creditor's name and mailing address Allied World Assurance Co 199 Water Street #24 New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,473.02
3.6	Nonpriority creditor's name and mailing address AllState Fire Technologies Inc. 289 Sherman Avenue Newark, NJ 07114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$615.19
3.7	Nonpriority creditor's name and mailing address Amkai Solutions 200 Business Park Suite 208 Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.8	Nonpriority creditor's name and mailing address Amnioc Medical Inc. 2849 Paces Ferry Road SE #750 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.9	Nonpriority creditor's name and mailing address Anthony Mancini 170 Frank Lane Paramus, NJ 07652 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143,500.00

Debtor	Endo Surgical Center of North Jersey <small>Name</small>	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address Applied Biologics Dept 3517 PO Box 123517 Dallas, TX 75312-3517 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address Arrow Elevator 230 Richardson Street Brooklyn, NY 11222 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,491.38
3.12	Nonpriority creditor's name and mailing address Arrow International Inc c/o Heitner & Breitstein PC 28 N Main Street Marlboro, NJ 07746 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,152.01
3.13	Nonpriority creditor's name and mailing address Arthrex Inc 1370 Creekside Boulevard Naples, FL 34108-1945 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,063.69
3.14	Nonpriority creditor's name and mailing address Baxter Healthcare Corp 511 Commerce Street Franklin Lakes, NJ 07417 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$535.66
3.15	Nonpriority creditor's name and mailing address Bell Consulting LLC 445 Co Road 291 Rifle, CO 81650 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.16	Nonpriority creditor's name and mailing address Benigno's Tire Exchange Inc. 60 Jewell Street Garfield, NJ 07026 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,110.27

Debtor	Endo Surgical Center of North Jersey Name	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address Bergenline Medical Supplies 2115 Bergenline Avenue Union City, NJ 07087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,056.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Billco LLC 220 S Ridgedate Avenue #B2 Florham Park, NJ 07932 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$554.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Biomed Associates Inc. 4 E Main Street Flemington, NJ 08822 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Biomed Technologies Inc. 111 Howard Blvd #100b Mount Arlington, NJ 07856 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,008.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Biomet Spine 310 Interlocken Parkway, Suite 120 Broomfield, CO 80021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,017.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address Boston Scientific Corporation 300 Boston Scientific Way Marlborough, MA 01752 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$89,609.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Bracco Diagnostics Inc. PO Box 978952 Dallas, TX 75397 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,073.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Endo Surgical Center of North Jersey <small>Name</small>		Case number (if known)
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3.24	Nonpriority creditor's name and mailing address Can Capital c/o Vital Recovery Services LLC PO Box 923747 Norcross, GA 30010 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,072.88
3.25	Nonpriority creditor's name and mailing address CC Corporate Storage 1 Ackerman Avenue Clifton, NJ 07011 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,678.02
3.26	Nonpriority creditor's name and mailing address Citrin Cooperman 529 Fifth Avenue New York, NY 10017 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,615.50
3.27	Nonpriority creditor's name and mailing address Clifton Sunoco 956 Van Houten Avenue Clifton, NJ 07013 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,043.95
3.28	Nonpriority creditor's name and mailing address Clifton Ultra Sunoco 956 Van Houten Avenue Clifton, NJ 07013 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$601.49
3.29	Nonpriority creditor's name and mailing address Clifton, City of 900 Clifton Avenue Clifton, NJ 07013 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,246.38
3.30	Nonpriority creditor's name and mailing address Clifton, City of Sewer Dept. PO Box 51070 Newark, NJ 07101-5170 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,216.56

Debtor	Endo Surgical Center of North Jersey Name	Case number (if known)
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3.31	Nonpriority creditor's name and mailing address Cole Schotz 25 Main Street Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,820.58
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3.32	Nonpriority creditor's name and mailing address Colonial Pharmacy 828 Clifton Avenue Clifton, NJ 07013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,084.73
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3.33	Nonpriority creditor's name and mailing address Cook Medical Incorporated 22988 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,363.43
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3.34	Nonpriority creditor's name and mailing address Corrado's Garden Center 600 Getty Avenue Clifton, NJ 07011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.65
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3.35	Nonpriority creditor's name and mailing address Covidien Safes LLC 480 Washington Blvd Jersey City, NJ 07310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,648.04
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3.36	Nonpriority creditor's name and mailing address CQ Fluency Inc. 2 University Plaza, Suite 406 Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$507.00
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3.37	Nonpriority creditor's name and mailing address Crothall Healthcare 13028 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,299.43
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Debtor	Endo Surgical Center of North Jersey Name	Case number (if known)
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3.38	Nonpriority creditor's name and mailing address Custom Ultrasonics Inc. c/o Recovery Solutions Group LLC 1008 Mattlind Way Milford, DE 19963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,282.05
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3.39	Nonpriority creditor's name and mailing address Deanco Building Solutions Inc 208 Lenox Avenue Westfield, NJ 07090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,740.64
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3.40	Nonpriority creditor's name and mailing address DeGrado Halkovich LLC 2 University Plaza, Suite 400 Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,025.00
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3.41	Nonpriority creditor's name and mailing address DocEnomics Inc. 1401 Constitution Avenue NW Washington, DC 20230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,203.77
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3.42	Nonpriority creditor's name and mailing address DVCO 999 Clifton Avenue Clifton, NJ 07013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720,000.00
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3.43	Nonpriority creditor's name and mailing address EBS Medical Chart Solutions 151 North Main Street, Suite 405 New City, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,760.00
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3.44	Nonpriority creditor's name and mailing address EI Especial 3711 Hudson Avenue Union City, NJ 07087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,670.92
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Debtor	Endo Surgical Center of North Jersey <small>Name</small>		Case number (if known)
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3.45	Nonpriority creditor's name and mailing address Epimed 141 Sal Landrio Drive Crossroad Business Park Johnstown, NY 12095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,203.69
3.46	Nonpriority creditor's name and mailing address Everbank Commerical Finance Inc. c/o Mark E. Thompson, Esq. Law Offices of Thomas A Buonocore PC 1719 Route 10, Suite 301 Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,780.03
3.47	Nonpriority creditor's name and mailing address Extra Space Storage 515 Broad Street Clifton, NJ 07014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Storage Unit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.48	Nonpriority creditor's name and mailing address FiberTech Medical USA 1533 Monument Street Concord, MA 01742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,249.99
3.49	Nonpriority creditor's name and mailing address ForTec Medical PO Box 951147 Cleveland, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,973.64
3.50	Nonpriority creditor's name and mailing address Fortis Commercial Cleaning 223 Lakewood Drive Bloomfield, NJ 07003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,071.74
3.51	Nonpriority creditor's name and mailing address Frier Levitt LLC 64 Bloomfield Avenue Pine Brook, NJ 07058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.52	Nonpriority creditor's name and mailing address Fulton Bank c/o Archer & Greiner Three Logan Square 1717 Arch Street, Suite 3500 Philadelphia, PA 19103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255,190.32
<hr/>			
3.53	Nonpriority creditor's name and mailing address Garden State Irrigation Inc. 500 West Main Street, Suite 5 Wyckoff, NJ 07481 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.50
<hr/>			
3.54	Nonpriority creditor's name and mailing address GE Capital Wells Fargo Vendor Fin Service PO Box 70239 Philadelphia, PA 19178-0239 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,460.16
<hr/>			
3.55	Nonpriority creditor's name and mailing address GE Healthcare 618 Wall Street Ridgewood, NJ 07450 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,143.15
<hr/>			
3.56	Nonpriority creditor's name and mailing address Gerald Recioppi 975 Clifton Avenue 18 Hook Mountain Road, Suite 201 Clifton, NJ 07013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160,000.00
<hr/>			
3.57	Nonpriority creditor's name and mailing address Gerstel Medical 20 Quaker Road Short Hills, NJ 07078 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.82
<hr/>			
3.58	Nonpriority creditor's name and mailing address GI Supply 200 Grandview Avenue Camp Hill, PA 17011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$561.00

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3.59	Nonpriority creditor's name and mailing address Global Health Care Services Inc 39018 Treasury Center Chicago, IL 60694-9000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,175.00
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3.60	Nonpriority creditor's name and mailing address Global Star 1901 E 50th Street Texarkana, AR 71854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,642.00
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3.61	Nonpriority creditor's name and mailing address Great American Leasing Corporation PO Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.89
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3.62	Nonpriority creditor's name and mailing address Halyyard Sales LLC PO Box 73583 Dallas, TX 75373-2583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,615.07
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3.63	Nonpriority creditor's name and mailing address Henry Schein c/o Heitner & Breitstein PC 26 Court Street #304 Brooklyn, NY 11242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,000.00
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3.64	Nonpriority creditor's name and mailing address Higher Images 368 Commercial Street Bridgeville, PA 15017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
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3.65	Nonpriority creditor's name and mailing address Image First Po Box 61323 King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,067.48
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3.66	Nonpriority creditor's name and mailing address Interstate Waste Services PO Box 554046 Detroit, MI 48255-4046 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,502.22
3.67	Nonpriority creditor's name and mailing address JDJ Consulting LLC 6 North Synnott Avenue Wenonah, NJ 08090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,649.15
3.68	Nonpriority creditor's name and mailing address John Ware/Clifton Sunoco c/o Law Office of Anthony Barbieri 832 Clifton Avenue Clifton, NJ 07013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.69	Nonpriority creditor's name and mailing address Johnson & Johnson Healthcare c/o Biehl & Biehl, Inc. 325 East Fullerton Avenue Carol Stream, IL 60188 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,479.64
3.70	Nonpriority creditor's name and mailing address Joint Restoration Foundation 6276 South Troy Circle Englewood, CO 80111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,530.00
3.71	Nonpriority creditor's name and mailing address JRF Ortho 6278 South Troy Circle Englewood, CO 80111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,530.00
3.72	Nonpriority creditor's name and mailing address Kimberly-Clark PO Box 88125 Chicago, IL 60695-0002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,152.84

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3.73	Nonpriority creditor's name and mailing address Lakeland Bank 9 Polifly Road Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,740.73
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3.74	Nonpriority creditor's name and mailing address Law Office of Jeffrey Randolph LLC 139 Harristown Road, Suite 205 Glen Rock, NJ 07452 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,680.49
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3.75	Nonpriority creditor's name and mailing address Lawrence J. Thomson, Ct Appt Rent Receiv c/o Eva K. Carey, Esq. Windels Marx Lane & Mittendorf LLP 120 Albany Street Plaza New Brunswick, NJ 08901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit for Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400,514.71
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3.76	Nonpriority creditor's name and mailing address Leaf Financial 68 S Service Road Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146,036.06
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3.77	Nonpriority creditor's name and mailing address Liberty Mutual Ins. Co 2501 Willington Road New Castle, PA 16105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,544.19
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3.78	Nonpriority creditor's name and mailing address Louis Giasullo, DC PO Box 836 18 Hook Mountain Road, Suite 201 West Caldwell, NJ 07006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251,250.00
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3.79	Nonpriority creditor's name and mailing address Marquis Healthcare Technologies 4459 Amboy Road, Suite 4 Staten Island, NY 10312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.80	Nonpriority creditor's name and mailing address Marsha Cohen RN 11 Cooper Avenue #302 Long Branch, NJ 07740 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.81	Nonpriority creditor's name and mailing address McKesson Medical-Surgical 9954 Mayland Drive Henrico, VA 23233 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,430.07
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3.82	Nonpriority creditor's name and mailing address MD Reports 1110 South Avenue Staten Island, NY 10314 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,140.00
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3.83	Nonpriority creditor's name and mailing address Meadowlands Electronics 320 Essex Street Suite 3 Stirling, NJ 07980 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$856.00
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3.84	Nonpriority creditor's name and mailing address Medical Staff Office Chilton Hospital 97 West Parkway Pompton Plains, NJ 07444 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.85	Nonpriority creditor's name and mailing address Medivators NW 9841 PO Box 1450 Minneapolis, MN 55485 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,034.64
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3.86	Nonpriority creditor's name and mailing address Medline Industries Inc 30 Gernmantown Road #2 Danbury, CT 06810 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,294.92
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3.87	Nonpriority creditor's name and mailing address Medtronic USA 4542 Collection Center Drive Chicago, IL 60693-0046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,659.68
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3.88	Nonpriority creditor's name and mailing address Metro MSP LLC 8 Woodhollow Road Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,512.99
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3.89	Nonpriority creditor's name and mailing address Mindray DS USA Inc. 800 MacArthur Blvd Mahwah, NJ 07430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162,100.61
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3.90	Nonpriority creditor's name and mailing address Miron Technologies Inc. PO Box 101301 Pasadena, CA 91189 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.91	Nonpriority creditor's name and mailing address Mitel Leasing PO Box 972448 Dallas, TX 75397-2448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,796.49
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3.92	Nonpriority creditor's name and mailing address Mitel Technologies Inc. Department 7084 Carol Stream, IL 60122-7084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.39
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3.93	Nonpriority creditor's name and mailing address Montclair Anesthesia Associates PC c/o Christopher Hilboki, Esq 1 University Plaza Dr Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,090.00
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Debtor	Endo Surgical Center of North Jersey <small>Name</small>	Case number (if known) _____
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3.94	Nonpriority creditor's name and mailing address NCI 48 3rd Street Kearny, NJ 07032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,517.67
3.95	Nonpriority creditor's name and mailing address Neuro Therm Inc. 30 Upton Drive Suite 2 Wilmington, MA 01887 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,085.86
3.96	Nonpriority creditor's name and mailing address New Logic 1295 67th Street Emeryville, CA 94608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132,436.50
3.97	Nonpriority creditor's name and mailing address North Media Group 1 Garret Mountain Plaza Little Falls, NJ 07424 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.00
3.98	Nonpriority creditor's name and mailing address Northwestern Mutual PO Box 3009 Milwaukee, WI 53201-3009 Date(s) debt was incurred _____ Last 4 digits of account number <u>0130</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$552.92
3.99	Nonpriority creditor's name and mailing address Nuance Communications Inc. PO Box 7247-6924 Philadelphia, PA 19170-6924 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,645.82
3.100	Nonpriority creditor's name and mailing address Olympus America Inc Box 200194 Pittsburgh, PA 15251-0194 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,729.46

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3.101	Nonpriority creditor's name and mailing address On Deck Capital Inc 901 N Stuart Street, Suite 700 Arlington, VA 22203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.102	Nonpriority creditor's name and mailing address Optum360 PO Box 8850 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.39
3.103	Nonpriority creditor's name and mailing address Panasonic Finance Solutions PO Box 12438 Newark, NJ 07101-3538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.36
3.104	Nonpriority creditor's name and mailing address Passaic Valley Water 7236 1525 Main Avenue Clifton, NJ 07011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$806.86
3.105	Nonpriority creditor's name and mailing address Passaic Valley Water Commission 1525 Main Avenue Clifton, NJ 07011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Utility Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,538.75
3.106	Nonpriority creditor's name and mailing address Paulison Car Wash & Detailing Inc. 1041 Paulison Avenue Clifton, NJ 07011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$647.56
3.107	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services L PO Box 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$696.00

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3.108	Nonpriority creditor's name and mailing address Pitney Bowes Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,364.06
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3.109	Nonpriority creditor's name and mailing address Positive Outcomes Consulting LLC 106 Apple Street Suite 200W Eatontown, NJ 07724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.00
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3.110	Nonpriority creditor's name and mailing address Precision Billing & Consulting Services 940 Main Street Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.111	Nonpriority creditor's name and mailing address Premier Plus 326 North 14th Street Kenilworth, NJ 07033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.51
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3.112	Nonpriority creditor's name and mailing address Premium RX National LLC 15722 Crabbs Branch Way Derwood, MD 20855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,675.65
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3.113	Nonpriority creditor's name and mailing address Prescott's Inc. 18940 Microscope Way Monument, CO 80132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.99
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3.114	Nonpriority creditor's name and mailing address Professional Transcription Co - PTC PO Box 120330 Staten Island, NY 10312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,165.32
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Debtor	Endo Surgical Center of North Jersey <small>Name</small>	Case number (if known)
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3.115	Nonpriority creditor's name and mailing address Proforma Spectrum Graphics Unlited 373 US 46 #130 Fairfield, NJ 07004 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.57
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3.116	Nonpriority creditor's name and mailing address Progressive Drive Insurance PO Box 105428 Atlanta, GA 30348 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,948.25
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3.117	Nonpriority creditor's name and mailing address PSE&G PO Box 14444 New Brunswick, NJ 08906 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,480.98
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3.118	Nonpriority creditor's name and mailing address Reshape Medical Inc 236 Avenida Fabricante Suite 201 San Clemente, CA 92672-5202 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,150.80
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3.119	Nonpriority creditor's name and mailing address Richard Wolf Medical 2573 Momentum Place Chicago, IL 60689 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,395.36
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3.120	Nonpriority creditor's name and mailing address Roth Toscano & Amato 80 Route 4 East, Suite 150 Paramus, NJ 07652 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,775.25
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3.121	Nonpriority creditor's name and mailing address Salerno Technologies PO BOX 807 Union, NJ 07083 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,150.25
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3.122	Nonpriority creditor's name and mailing address Scales Medical Technologies Inc. 110 Voice Road Carle Place, NY 11514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$480.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address Sharpe Kawam Carmosino & Co LLC 1 Mars Court, Suite 1 Boonton, NJ 07005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	Nonpriority creditor's name and mailing address Shred It USA LLC 81 Walsh Drive Parsippany, NJ 07054-1010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$777.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	Nonpriority creditor's name and mailing address Smith & Nephew Inc PO Box 60333 Charlotte, NC 28260-0333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,671.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	Nonpriority creditor's name and mailing address Son Rise 615 Westfield Avenue West Roselle Park, NJ 07204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,504.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	Nonpriority creditor's name and mailing address SpineView Inc. 48810 Kato Road, Suite 110E Fremont, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,943.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	Nonpriority creditor's name and mailing address Staples PO Box 415256 Boston, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,532.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Endo Surgical Center of North Jersey Name	Case number (if known) _____
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3.129	Nonpriority creditor's name and mailing address Staples Advantage PO Box 415256 Boston, MA 02241-5256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$892.45
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3.130	Nonpriority creditor's name and mailing address Staples Credit Plan Dept 51 7812524386 PO Box 78004 Phoenix, AZ 85062-8004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.05
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3.131	Nonpriority creditor's name and mailing address Stericycle P O Box 6582 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,058.60
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3.132	Nonpriority creditor's name and mailing address Stryker Endoscopy c/o Stryker Saler Corporation PO Box 93276 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,664.75
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3.133	Nonpriority creditor's name and mailing address Stryker Spine 21912 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,051.50
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3.134	Nonpriority creditor's name and mailing address Surgical Center Information Exchange PO Box 40724 Houston, TX 77240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.00
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3.135	Nonpriority creditor's name and mailing address Susan Bahrt RN BSN CIC PO Box 96 Nazareth, PA 18064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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3.136	Nonpriority creditor's name and mailing address The Brownstone 351 West Broadway Paterson, NJ 07522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,619.50
3.137	Nonpriority creditor's name and mailing address The Wheelchair Man Company Inc. 281 White Horse Pike Clementon, NJ 08021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$733.50
3.138	Nonpriority creditor's name and mailing address Todays Business LLC 39 Route 46 East Bldg 801 Pine Brook, NJ 07058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,920.00
3.139	Nonpriority creditor's name and mailing address Tri-State Ophthalmics 10 Seals Drive Monroe, NY 10950-3949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,434.00
3.140	Nonpriority creditor's name and mailing address Tyco Integrated Security LLC PO Box 371967 Pittsburgh, PA 15250-7967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,895.45
3.141	Nonpriority creditor's name and mailing address Unitex Textile Rental Corporation c/o O'Brien & Taylor 175 Fairfield Avenue #2A Caldwell, NJ 07006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,013.01
3.142	Nonpriority creditor's name and mailing address UPS Box 7247 Clifton, NJ 07013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,421.50

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3.143	Nonpriority creditor's name and mailing address US Endoscopy 5676 Heisley Road Mentor, OH 44060 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,432.99
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3.144	Nonpriority creditor's name and mailing address Utica National Insurance Group PO Box 6532 Utica, NY 13504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,129.25
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3.145	Nonpriority creditor's name and mailing address Vanwell Electronics 320 Essex Street Suite 3 Stirling, NJ 07980 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$793.11
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3.146	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 408 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.86
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3.147	Nonpriority creditor's name and mailing address VMST Corp 190 Midland Avenue Saddle Brook, NJ 07663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,980.00
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3.148	Nonpriority creditor's name and mailing address WB Mason Company Inc. 535 Secaucus Road Secaucus, NJ 07094 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.38
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3.149	Nonpriority creditor's name and mailing address Wells Fargo PO Box 6434 Carol Stream, IL 60197-6434 Date(s) debt was incurred _____ Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$597.54
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Debtor **Endo Surgical Center of North Jersey** Case number (if known) _____

Name

3.150	Nonpriority creditor's name and mailing address Wells Fargo Financial Leasing PO Box 6434 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,885.32
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3.151	Nonpriority creditor's name and mailing address Yellowstone Capital 1 Evertrust Plaza Jersey City, NJ 07302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112,425.17
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Caine & Weiner 21210 Erwin Street Woodland Hills, CA 91367	Line <u>3.81</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Chase Weiss & Kehoe 190 Moore Street Hackensack, NJ 07601	Line <u>3.76</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Clifton, City of Attn: Municipal Attorney 900 Clifton Avenue Clifton, NJ 07013	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	David C Whitridge, Esq. Thompson O'Brien Kemp & Nasuit PC 40 Technology Parkway Sourt, Suite 300 Norcross, GA 30092	Line <u>3.101</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	Morris & Adelman PO Box 2235 Bala Cynwyd, PA 19004	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	New Jersey Attorney General Office Division of Law Richard J. Hughes Justice Complex 25 Market St, PO Box 112 Trenton, NJ 08625-0112	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain ____	—
4.7	Peter J. Vazquez, Jr., Esq. The Vazquez Law Firm 18 Hook Mountain Road, Suite 201 Pine Brook, NJ 07058	Line <u>3.78</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	Endo Surgical Center of North Jersey Name	Case number (if known)
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.8	Peter J. Vazquez, Jr., Esq. The Vazquez Law Firm 18 Hook Mountain Road, Suite 201 Pine Brook, NJ 07058	Line 3.9 <input type="checkbox"/> Not listed. Explain _____
4.9	Peter J. Vazquez, Jr., Esq. The Vazquez Law Firm 18 Hook Mountain Road, Suite 201 Pine Brook, NJ 07058	Line 3.56 <input type="checkbox"/> Not listed. Explain _____
4.10	The CKB Firm 30 North LaSalle Street Chicago, IL 60602	Line 3.86 <input type="checkbox"/> Not listed. Explain _____
4.11	United States Attorney Peter Rodino Federal Building 970 Broad Street, Suite 700 Newark, NJ 07102	Line 2.1 <input type="checkbox"/> Not listed. Explain _____
4.12	United States Attorney General U.S. Dept. of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	Line 2.1 <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 452,035.56
5b. +	\$ 3,772,736.72
5c.	\$ 4,224,772.28

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Lease of Office Space
at 999 Clifton Avenue,
Clifton, New Jersey
07013
\$30,000 per month
17 years**

State the term remaining

List the contract number of any government contract _____

**DVCO
999 Clifton Avenue
Clifton, NJ 07013**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

To Be Provided

Fill in this information to identify the case:

Debtor name **Endo Surgical Center of North Jersey**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Arthur St. Realty LLC**

First Commerce Bank

☒ D 2.2
☐ E/F _____
☐ G _____

2.2 **DVCO**

**999 Clifton Avenue
Clifton, NJ 07013**

First Commerce Bank

☒ D 2.2
☐ E/F _____
☐ G _____

2.3 **DVCO, LLC**

**999 Clifton Avenue
Clifton, NJ 07013**

**Lawrence J.
Thomson, Ct Appt
Rent Receiv**

☐ D _____
☒ E/F 3.75
☐ G _____

2.4 **Fox Hedge Manor, LLC**

First Commerce Bank

☒ D 2.2
☐ E/F _____
☐ G _____

2.5 **Metropolitan Anesthesia, LLC**

First Commerce Bank

☒ D 2.2
☐ E/F _____
☐ G _____

Debtor Endo Surgical Center of North Jersey Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Riverwood Surgical Center LLC		First Commerce Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.7	William Focazio, MD	106 Fox Hedge Road Saddle River, NJ 07458	First Commerce Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.8	William Focazio, MD	106 Fox Hedge Road Saddle River, NJ 07458	On Deck Capital Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.101</u> <input type="checkbox"/> G _____
<hr/>				
2.9	William J. Focazio, MD, PA	999 Clifton Street Clifton, NJ 07013	First Commerce Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.10	William J. Focazio, MD, PA	999 Clifton Street Clifton, NJ 07013	Montclair Anesthesia Associates PC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.93</u> <input type="checkbox"/> G _____
<hr/>				

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2018 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$14,397.07

For prior year:
From 1/01/2017 to 12/31/2017

☒ Operating a business

☐ Other _____

\$561,502.13

For year before that:
From 1/01/2016 to 12/31/2016

☒ Operating a business

☐ Other _____

\$1,483,650.44

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
To Be Provided			\$0.00

Last 4 digits of account number: _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Lawrence J. Thomson, Court-Appointed Rent Receiver v. Endo/Surgical Center of North Jersey, PC and DVCO, LLC LT-9864-17	Landlord/Tenant	Passaic County Special Civil Part 77 Hamilton Street Paterson, NJ 07505	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	First Commerce Bank v. Endo/Surgical Center of North Jersey, PC, et al OCN-L-2380-16	Contract	Ocean County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Giasulo vs. Endo Surgical Center of New Jersey C-000127-16	Contract	Passaic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Pomante vs Endo Surgical Center of North Jersey, et al PAS-L-4066-14		Passaic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	Arrow International vs. Endo Surgical Center of North Jersey DC-5312-17		Passaic County Special Civil Part 77 Hamilton Street Paterson, NJ 07505	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Montclair Anesthesia vs. Endo-Surgical Center of Clifton, et al ESX-L-1917-13		Essex County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	Unitex Textile Rental Corporation vs. Endosurgical Center of North Jersey PC ESX-L-6216-16		Essex County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	Boston Scientific Corporation v. Endo/Surgical Center of North Jersey PC PAS-L-1649-17	Contract	Passaic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	Henry Schein vs. Endo/Surgical Center of North Jersey, PC PAS-L-2289-17	Contract	Passaic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	Everbank Commercial Finance, Inc. vs Endo/Surgical Center of North Jersey PC MRS-L-176-16	Contract	Morris County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	On Deck Capital, Inc. vs. Endo Surgical Center of North Jersey, PC, et al CL17-2556	Collection	Arlington County Circuit Court Commonwealth of Virginia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?****Address****If not money, describe any property transferred****Dates****Total amount or value**

11.1. **Trenk, DiPasquale, Della Fera & Sodono,**
347 Mount Pleasant Avenue
Suite 300
West Orange, NJ 07052

Attorney Fees**12/28/2017****\$21,717.00****Email or website address****asodono@trenklawfirm.com****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?****Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Endo Surgical Center of North Jersey PC 999 Clifton Avenue Clifton, NJ 07013	Surgical Center	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 999 Clifton Avenue, Clifton, NJ 07013	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Name, Address, Social Security Number and Insurance information

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Endo Surgical Center of North Jersey 401k

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☐ No
- ☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Extra Space Storage 515 Broad Street Clifton, NJ 07014	No access due to lack of payment	Medical Records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address

Date of service
From-To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26b.1. **Ray Toscano**
Roth Toscano & Amato
411 Hackensack Avenue #10
Hackensack, NJ 07601

1/1/09-6/30/17

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Paul Gagliano**
Gagliano & Associates
9 James Street
Bloomfield, NJ 07003

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Yellowstone Capital**
1 Evertrust Plaza
Jersey City, NJ 07302

26d.2. **On Deck Capital Inc**
901 N Stuart Street, Suite 700
Arlington, VA 22203

27. Inventories

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 7

Debtor **Endo Surgical Center of North Jersey**

Case number (if known) _____

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

27.1

Name and address of the person who has possession of inventory records

Passaic County Sheriff's Office
435 Hamburg Turnpike
Wayne, NJ 07470

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
William Focazio, MD	106 Fox Hedge Road Saddle River, NJ 07458	President	90%
Louis Giasullo, DC	PO Box 836 18 Hook Mountain Road, Suite 201 West Caldwell, NJ 07006	owns four (4) class B, non-voting authorized shares of 100 total Class A and Class B shares	4%
Anthony Mancini	170 Frank Lane Paramus, NJ 07652	owns two (2) class B, non-voting authorized shares of 100 total Class A and Class B shares	2%
Gerald Recioppi	975 Clifton Avenue 18 Hook Mountain Road, Suite 201 Clifton, NJ 07013	owns four (4) class B, non-voting authorized shares of 100 total Class A and Class B shares	4%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Endo Surgical Center of North Jersey

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

Debtor Endo Surgical Center of North Jersey

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

/s/ William Focazio, M.D.

Signature of individual signing on behalf of the debtor

William Focazio, M.D.

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
District of New Jersey**

In re **Endo Surgical Center of North Jersey**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	Fees & expenses as allowed by the Court
Prior to the filing of this statement I have received	\$	16,705.80*
Balance Due	\$	Fees & expenses as allowed by the Court

*** Debtor paid a retainer of \$21,717.00 for the Debtor's Chapter 11 representation. Future compensation shall be paid by the Debtor, which fees will be subject to Bankruptcy Court approval.**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 13, 2018

Date

/s/ Anthony Sodono, III

Anthony Sodono, III

Signature of Attorney

Trenk, DiPasquale, Della Fera & Sodono, P.C.

347 Mount Pleasant Avenue

Suite 300

West Orange, NJ 07052

973-243-8600 Fax: 973-243-8677

asodono@trenklawfirm.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re **Endo Surgical Center of North Jersey**

Debtor(s)

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11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Anthony Mancini 170 Frank Lane Paramus, NJ 07652	B	2%	
Gerald Recioppi 975 Clifton Avenue 18 Hook Mountain Road, Suite 201 Clifton, NJ 07013	B	4%	
Louis Giasullo, DC PO Box 836 18 Hook Mountain Road, Suite 201 West Caldwell, NJ 07006	B	4%	
William Focazio, MD 106 Fox Hedge Road Saddle River, NJ 07458	A	90%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 13, 2018**

Signature **/s/ William Focazio, M.D.
William Focazio, M.D.**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of New Jersey**

In re **Endo Surgical Center of North Jersey**

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Case No.

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11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 13, 2018**

/s/ William Focazio, M.D.

William Focazio, M.D./President

Signer/Title

Ability Network Inc
100 North 6th Street
Suite 900A
Minneapolis, MN 55403

Advanced Collection Inc.
PO Box 6031
Clifton, NJ 07015

AGL Inhalation Therapy Co
600 US 46
Clifton, NJ 07013

All Security Locksmiths LLC
842 Clifton Avenue Suite 3
Clifton, NJ 07013

Allied World Assurance Co
199 Water Street #24
New York, NY 10038

AllState Fire Technologies Inc.
289 Sherman Avenue
Newark, NJ 07114

Amkai Solutions
200 Business Park Suite 208
Armonk, NY 10504

Amniox Medical Inc.
2849 Paces Ferry Road SE #750
Atlanta, GA 30339

Anthony Mancini
170 Frank Lane
Paramus, NJ 07652

Applied Biologics
Dept 3517
PO Box 123517
Dallas, TX 75312-3517

Arrow Elevator
230 Richardson Street
Brooklyn, NY 11222

Arrow International Inc
c/o Heitner & Breitstein PC
28 N Main Street
Marlboro, NJ 07746

Arthrex Inc
1370 Creekside Boulevard
Naples, FL 34108-1945

Baxter Healthcare Corp
511 Commerece Street
Franklin Lakes, NJ 07417

Bell Consulting LLC
445 Co Road 291
Rifle, CO 81650

Benigno's Tire Exchange Inc.
60 Jewell Street
Garfield, NJ 07026

Bergenline Medical Supplies
2115 Bergenline Avenue
Union City, NJ 07087

Billco LLC
220 S Ridgedate Avenue #B2
Florham Park, NJ 07932

Biomed Associates Inc.
4 E Main Street
Flemington, NJ 08822

Biomed Technologies Inc.
111 Howard Blvd #100b
Mount Arlington, NJ 07856

Biomet Spine
310 Interlocken Parkway, Suite 120
Broomfield, CO 80021

Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752

Bracco Diagnostics Inc.
PO Box 978952
Dallas, TX 75397

Caine & Weiner
21210 Erwin Street
Woodland Hills, CA 91367

Can Capital
c/o Vital Recovery Services LLC
PO Box 923747
Norcross, GA 30010

CC Corporate Storage
1 Ackerman Avenue
Clifton, NJ 07011

Chase Auto Finance
PO Box 901076
Fort Worth, TX 76101-2076

Chase Weiss & Kehoe
190 Moore Street
Hackensack, NJ 07601

Citrin Cooperman
529 Fifth Avenue
New York, NY 10017

Clifton Sunoco
956 Van Houten Avenue
Clifton, NJ 07013

Clifton Ultra Sunoco
956 Van Houten Avenue
Clifton, NJ 07013

Clifton, City of
900 Clifton Avenue
Clifton, NJ 07013

Clifton, City of
Sewer Dept.
PO Box 51070
Newark, NJ 07101-5170

Clifton, City of
Attn: Municipal Attorney
900 Clifton Avenue
Clifton, NJ 07013

Cole Schotz
25 Main Street
Hackensack, NJ 07601

Colonial Pharmacy
828 Clifton Avenue
Clifton, NJ 07013

Cook Medical Incorporated
22988 Network Place
Chicago, IL 60673

Corrado's Garden Center
600 Getty Avenue
Clifton, NJ 07011

Covidien Safes LLC
480 Washington Blvd
Jersey City, NJ 07310

CQ Fluency Inc.
2 University Plaza, Suite 406
Hackensack, NJ 07601

Crothall Healthcare
13028 Collection Center Drive
Chicago, IL 60693

Custom Ultrasonics Inc.
c/o Recovery Solutions Group LLC
1008 Mattlind Way
Milford, DE 19963

David C Whitridge, Esq.
Thompson O'Brien Kemp & Nasuit PC
40 Technology Parkway Sourt, Suite 300
Norcross, GA 30092

Deanco Building Solutions Inc
208 Lenox Avenue
Westfield, NJ 07090

DeGrado Halkovich LLC
2 University Plaza, Suite 400
Hackensack, NJ 07601

DocEnomics Inc.
1401 Constitution Avenue NW
Washington, DC 20230

DVCO
999 Clifton Avenue
Clifton, NJ 07013

DVCO, LLC
999 Clifton Avenue
Clifton, NJ 07013

EBS Medical Chart Solutions
151 North Main Street, Suite 405
New City, NY 10956

El Especial
3711 Hudson Avenue
Union City, NJ 07087

Epimed
141 Sal Landrio Drive
Crossroad Business Park
Johnstown, NY 12095

Everbank Commerical Finance Inc.
c/o Mark E. Thompson, Esq.
Law Offices of Thomas A Buonocore PC
1719 Route 10, Suite 301
Parsippany, NJ 07054

Extra Space Storage
515 Broad Street
Clifton, NJ 07014

FiberTech Medical USA
1533 Monument Street
Concord, MA 01742

First Commerce Bank
c/o Windels Marx Lane & Mittendorf, LLP
120 Albany Street Plaza
New Brunswick, NJ 08901

ForTec Medical
PO Box 951147
Cleveland, OH 44193

Fortis Commercial Cleaning
223 Lakewood Drive
Bloomfield, NJ 07003

Frier Levitt LLC
64 Bloomfield Avenue
Pine Brook, NJ 07058

Fulton Bank
c/o Archer & Greiner
Three Logan Square
1717 Arch Street, Suite 3500
Philadelphia, PA 19103

Garden State Irrigation Inc.
500 West Main Street, Suite 5
Wyckoff, NJ 07481

GE Capital
Wells Fargo Vendor Fin Service
PO Box 70239
Philadelphia, PA 19178-0239

GE Healthcare
618 Wall Street
Ridgewood, NJ 07450

Gerald Recioppi
975 Clifton Avenue
18 Hook Mountain Road, Suite 201
Clifton, NJ 07013

Gerstel Medical
20 Quaker Road
Short Hills, NJ 07078

GI Supply
200 Grandview Avenue
Camp Hill, PA 17011

Global Health Care Services Inc
39018 Treasury Center
Chicago, IL 60694-9000

Global Star
1901 E 50th Street
Texarkana, AR 71854

Great American Leasing Corporation
PO Box 660831
Dallas, TX 75266-0831

Halyyard Sales LLC
PO Box 73583
Dallas, TX 75373-2583

Henry Schein
c/o Heitner & Breitstein PC
26 Court Street #304
Brooklyn, NY 11242

Higher Images
368 Commercial Street
Bridgeville, PA 15017

Image First
Po Box 61323
King of Prussia, PA 19406

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Interstate Waste Services
PO Box 554046
Detroit, MI 48255-4046

JDJ Consulting LLC
6 North Synnott Avenue
Wenonah, NJ 08090

John Ware/Clifton Sunoco
c/o Law Office of Anthony Barbieri
832 Clifton Avenue
Clifton, NJ 07013

Johnson & Johnson Healthcare
c/o Biehl & Biehl, Inc.
325 East Fullerton Avenue
Carol Stream, IL 60188

Joint Restoration Foundation
6276 South Troy Circle
Englewood, CO 80111

JRF Ortho
6278 South Troy Circle
Englewood, CO 80111

Kimberly-Clark
PO Box 88125
Chicago, IL 60695-0002

Lakeland Bank
9 Polifly Road
Hackensack, NJ 07601

Law Office of Jeffrey Randolph LLC
139 Harristown Road, Suite 205
Glen Rock, NJ 07452

Lawrence J. Thomson, Ct Appt Rent Receiv
c/o Eva K. Carey, Esq.
Windels Marx Lane & Mittendorf LLP
120 Albany Street Plaza
New Brunswick, NJ 08901

Leaf Financial
68 S Service Road
Melville, NY 11747

Liberty Mutual Ins. Co
2501 Willington Road
New Castle, PA 16105

Louis Giasullo, DC
PO Box 836
18 Hook Mountain Road, Suite 201
West Caldwell, NJ 07006

Marquis Healthcare Technologies
4459 Amboy Road, Suite 4
Staten Island, NY 10312

Marsha Cohen RN
11 Cooper Avenue #302
Long Branch, NJ 07740

McKesson Medical-Surgical
9954 Mayland Drive
Henrico, VA 23233

MD Reports
1110 South Avenue
Staten Island, NY 10314

Meadowlands Electronics
320 Essex Street Suite 3
Stirling, NJ 07980

Medical Staff Office
Chilton Hospital
97 West Parkway
Pompton Plains, NJ 07444

Medivators NW 9841
PO Box 1450
Minneapolis, MN 55485

Medline Industries Inc
30 Gernmantown Road #2
Danbury, CT 06810

Medtronic USA
4542 Collection Center Drive
Chicago, IL 60693-0046

Metro MSP LLC
8 Woodhollow Road
Parsippany, NJ 07054

Mindray DS USA Inc.
800 MacArthur Blvd
Mahwah, NJ 07430

Miron Technologies Inc.
PO Box 101301
Pasadena, CA 91189

Mitel Leasing
PO Box 972448
Dallas, TX 75397-2448

Mitel Technologies Inc.
Department 7084
Carol Stream, IL 60122-7084

Montclair Anesthesia Associates PC
c/o Christopher Hilboki, Esq
1 University Plaza Dr
Hackensack, NJ 07601

Morris & Adelman
PO Box 2235
Bala Cynwyd, PA 19004

NCI
48 3rd Street
Kearny, NJ 07032

Neuro Therm Inc.
30 Upton Drive Suite 2
Wilmington, MA 01887

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25 Market St, PO Box 112
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Div. of Unemployment & Disability Ins.
Bankruptcy Unit
1 John Fitch Plaza, PO Box 951
Trenton, NJ 08611-0951

New Jersey Dept. of Labor
Division of Employer Accounts
1 John Fitch Plaza
PO Box 379
Trenton, NJ 08611-0379

New Jersey, Division of Taxation
Compliance & Enforcement - Bankruptcy
50 Barrack Street, 9th Fl.
PO Box 245
Trenton, NJ 08695-0267

New Logic
1295 67th Street
Emeryville, CA 94608

North Media Group
1 Garret Mountain Plaza
Little Falls, NJ 07424

Northwestern Mutual
PO Box 3009
Milwaukee, WI 53201-3009

Nuance Communications Inc.
PO Box 7247-6924
Philadelphia, PA 19170-6924

Nw Jersey, Treasurer
50 Barrack Street
Trenton, NJ 08608

Olympus America Inc
Box 200194
Pittsburgh, PA 15251-0194

On Deck Capital Inc
901 N Stuart Street, Suite 700
Arlington, VA 22203

Optum360
PO BOx 8850
Chicago, IL 60680

Panasonic Finance Solutions
PO Box 12438
Newark, NJ 07101-3538

Passaic Valley Water 7236
1525 Main Avenue
Clifton, NJ 07011

Passaic Valley Water Commission
1525 Main Avenue
Clifton, NJ 07011

Paulison Car Wash & Detailing Inc.
1041 Paulison Avenue
Clifton, NJ 07011

Peter J. Vazquez, Jr., Esq.
The Vazquez Law Firm
18 Hook Mountain Road, Suite 201
Pine Brook, NJ 07058

Pitney Bowes Global Financial Services L
PO Box 371887
Pittsburgh, PA 15250-7887

Pitney Bowes Purchase Power
PO Box 371874
Pittsburgh, PA 15250-7874

Positive Outcomes Consulting LLC
106 Apple Street Suite 200W
Eatontown, NJ 07724

Precision Billing & Consulting Services
940 Main Street
Hackensack, NJ 07601

Premier Plus
326 North 14th Street
Kenilworth, NJ 07033

Premium RX National LLC
15722 Crabbs Branch Way
Derwood, MD 20855

Prescott's Inc.
18940 Microscope Way
Monument, CO 80132

Professional Transcription Co - PTC
PO Box 120330
Staten Island, NY 10312

Proforma Spectrum Graphics Unlimited
373 US 46 #130
Fairfield, NJ 07004

Progressive Drive Insurance
PO Box 105428
Atlanta, GA 30348

PSE&G
PO Box 14444
New Brunswick, NJ 08906

Reshape Medical Inc
236 Avenida Fabricante Suite 201
San Clemente, CA 92672-5202

Richard Wolf Medical
2573 Momentum Place
Chicago, IL 60689

Roth Toscano & Amato
80 Route 4 East, Suite 150
Paramus, NJ 07652

Salerno Technologies
PO Box 807
Union, NJ 07083

Scales Medical Technologies Inc.
110 Voice Road
Carle Place, NY 11514

Sharpe Kawam Carmosino & Co LLC
1 Mars Court, Suite 1
Boonton, NJ 07005

Shred It USA LLC
81 Walsh Drive
Parsippany, NJ 07054-1010

Smith & Nephew Inc
PO Box 60333
Charlotte, NC 28260-0333

Son Rise
615 Westfield Avenue West
Roselle Park, NJ 07204

SpineView Inc.
48810 Kato Road, Suite 110E
Fremont, CA 94538

Staples
PO Box 415256
Boston, MA 02241

Staples Advantage
PO Box 415256
Boston, MA 02241-5256

Staples Credit Plan
Dept 51 7812524386
PO Box 78004
Phoenix, AZ 85062-8004

Stericycle
P O Box 6582
Carol Stream, IL 60197

Stryker Endoscopy
c/o Stryker Saler Corporation
PO Box 93276
Chicago, IL 60673

Stryker Spine
21912 Network Place
Chicago, IL 60673

Surgical Center Information Exchange
PO Box 40724
Houston, TX 77240

Susan Bahrt RN BSN CIC
PO Box 96
Nazareth, PA 18064

The Brownstone
351 West Broadway
Paterson, NJ 07522

The CKB Firm
30 North LaSalle Street
Chicago, IL 60602

The Wheelchair Man Company Inc.
281 White Horse Pike
Clementon, NJ 08021

To Be Provided

Todays Business LLC
39 Route 46 East Bldg 801
Pine Brook, NJ 07058

Tri-State Ophthalmics
10 Seals Drive
Monroe, NY 10950-3949

Tyco Integrated Security LLC
PO Box 371967
Pittsburgh, PA 15250-7967

United States Attorney
Peter Rodino Federal Building
970 Broad Street, Suite 700
Newark, NJ 07102

United States Attorney General
U.S. Dept. of Justice
Ben Franklin Station
PO Box 683
Washington, DC 20044

Unitex Textile Rental Corporation
c/o O'Brien & Taylor
175 Fairfield Avenue #2A
Caldwell, NJ 07006

UPS
Box 7247
Clifton, NJ 07013

US Endoscopy
5676 Heisley Road
Mentor, OH 44060

Utica National Insurance Group
PO Box 6532
Utica, NY 13504

Vanwell Electronics
320 Essex Street Suite 3
Stirling, NJ 07980

Verizon Wireless
PO Box 408
Newark, NJ 07101

VMST Corp
190 Midland Avenue
Saddle Brook, NJ 07663

WB Mason Company Inc.
535 Secaucus Road
Secaucus, NJ 07094

Wells Fargo
PO Box 6434
Carol Stream, IL 60197-6434

Wells Fargo Financial Leasing
PO Box 6434
Carol Stream, IL 60197

William Focazio, MD
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Saddle River, NJ 07458

William J. Focazio, MD, PA
999 Clifton Street
Clifton, NJ 07013

Yellowstone Capital
1 Evertrust Plaza
Jersey City, NJ 07302

**United States Bankruptcy Court
District of New Jersey**

In re **Endo Surgical Center of North Jersey**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Endo Surgical Center of North Jersey** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

January 13, 2018

Date

/s/ Anthony Sodono, III

Anthony Sodono, III

Signature of Attorney or Litigant

Counsel for **Endo Surgical Center of North Jersey**

Trenk, DiPasquale, Della Fera & Sodono, P.C.

347 Mount Pleasant Avenue

Suite 300

West Orange, NJ 07052

973-243-8600 Fax:973-243-8677

asodono@trenklawfirm.com